



**2023 Public Safety Grant Application**

**Bid No. BD-23-1068-1068C-1068L-81256**

All completed applications must be sent by January 31<sup>st</sup> to be considered for funding for the 2023 Grant Round. Please submit this completed form as well as any relevant attachments to [MGCCMF@Massgaming.gov](mailto:MGCCMF@Massgaming.gov).

For more detailed instructions as well as the 2023 Application Guidelines please visit <https://massgaming.com/about/community-mitigation-fund/>

<b>I. Project Summary</b>
<b>Legal Name of Applicant:</b> City of Springfield – Springfield Fire Department
<b>Project Name (Please limit to 5 words):</b> Defibrillators for Casino Area Medical Responses
<b>Amount Requested:</b> \$19,800
<b>Brief Project Description (approx. 50 words):</b> Funding will allow SFD to purchase defibrillators for the apparatus that respond to the Casino Area. These defibrillators will be compatible with those used by American Medical Response (AMR), the primary ambulance response to the City of Springfield.

<b>II. Applicant Contact Information</b>
Please provide below the manager for this grant and any other individuals you would like to be copied on all correspondence.
<b>Grant Manager:</b> Darcy Borecki
<b>Email Address:</b> <a href="mailto:dborecki@springfieldcityhall.com">dborecki@springfieldcityhall.com</a>
<b>Telephone Number:</b> 413-750-2422
<b>Address:</b> 605 Worthington Street, Springfield, MA 01105
<b>Contact II:</b> Bernard J. Calvi
<b>Role:</b> Commissioner
<b>Email Address:</b> <a href="mailto:bcalvi@springfieldcityhall.com">bcalvi@springfieldcityhall.com</a>
<b>Telephone Number:</b> 413-750-2444
<b>Address:</b> 605 Worthington Street, Springfield, MA 01105
<b>Contact III:</b> Erica Floyd
<b>Role:</b> Director of Administration and Finance
<b>Email Address:</b> <a href="mailto:efloyd@springfieldcityhall.com">efloyd@springfieldcityhall.com</a>
<b>Telephone Number:</b> 413-750-2423
<b>Address:</b> 605 Worthington Street, Springfield, MA 01105

<b>III. Detailed Project Description &amp; Mitigation</b>	
1) Please describe in detail the impact that is attributed to the operation of a gaming facility. Please provide documentation or evidence that gives support for the determination that the operation of the gaming facility caused or is causing the impact (i.e. surveys, data, reports).	<p>The operation of MGM Springfield is having an adverse impact on the Springfield Fire Department's annual budget. Since opening, emergency response calls, most notably medical, to the casino and the 5-block area of the casino footprint have increased. This influx of calls is in contradiction to the historical responses to this area in prior years.</p> <p>Before MGM Springfield opened, per MFIRs data SFD responded to an average of 15,447 emergency response calls each year. Of those 15,447 calls, an average of 8,224 were "type 300" medical calls. Since MGM Springfield has been open to the public, SFD has responded to an average of 16,226 emergency calls per year and 9,146 medical calls per year since 2018. The substantial increase of over 1,000 medical calls per year has put a strain on the Department's resources.</p> <p>The biggest strain has been on supplies related to defibrillators. All of our medical supplies are funded directly from the Fire Department's budget. By using the same equipment as the ambulance provider, we will be able to utilize their inventory of supplies. Using compatible defibrillators will eliminate the cost of defibrillator pads. This will then ease the financial strain that is being caused by the increased medical calls on the already limited budget and resources of the Fire Department.</p>
2) <i>(If applicable)</i> Please explain how this impact was not anticipated in the Applicant's Host or Surrounding Community Agreement.	N/A
3) Please describe what the Applicant is proposing and how the mitigation request will address the impact indicated.	<p>We propose to use the same defibrillators as the ambulance provider. By doing so, we will be able to utilize their inventory of supplies (the defibrillator pads). This will eliminate the extra cost that has accumulated because of the increase in medical calls. When we use the same equipment and supplies, we will be able to work together more cohesively during these calls. Additionally, this means that when we have utilized our AED device prior to the ambulance provider responding to a call they will no longer need to change over the patient's AED pads to those compatible with their devices, resulting in a more efficient response to a patient's care.</p> <p>This grant funding and investment in new equipment will increase efficiency within the Department and amongst our partners. We will be able to budget funds appropriately for</p>

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medical calls and will also be able to allocate the funds that are currently being spent on defibrillator pads on other much needed supplies.

<b>IV. Scope, Budget, and Timeline</b>	
<b>Applicant:</b> City of Springfield – Springfield Fire Department	<b>Vendor Code:</b>
<b>Total Amount Requested:</b> \$19,800	<b>Estimated Total Project Cost:</b> \$19,800

**Scope of Work**

Please include below a breakdown of the proposed work. The project scope should be sufficiently detailed to allow the review team to understand the steps required for project completion.

Funding will be used to purchase 7 defibrillator units to staff the apparatus that have the casino radius in their response area.

**Proposed MGC Grant Budget**

Please use the following table to outline the budget of your project. Include any requests for proposals, quotes, or estimates that would quantify the costs associated with the mitigation as an attachment. In determining the funding request, please round up to the nearest hundred dollars.

<b>Timeline</b>	<b>Description of Purchase/Work</b>	<b>QTY</b>	<b>Budget</b>
Within 120 days receipt of the grant funding	Defibrillator units will be purchased, fully implemented, and in use	7	\$19,800
	<b>TOTAL:</b>	<b>7</b>	<b>\$19,800</b>

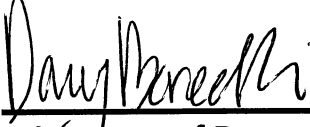
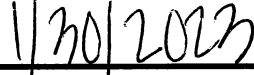


Funding Source	Description of Purchase/Work	QTY	
In Kind Services	N/A	N/A	N/A
Federal	N/A	N/A	N/A
State	N/A	N/A	N/A
Local Match	N/A	N/A	N/A

V. Regional Incentive Award	
Are you applying for a Regional Incentive Award?	
___ Yes	_X_ No

<b>Partner Community Contact-</b>
<b>Name:</b> N/A
<b>Role:</b> N/A
<b>Email Address:</b> N/A
<b>Telephone Number:</b> N/A
<b>Address:</b> N/A

VI. Waiver	
If you are applying for a waiver, please submit the Waiver Form with your application. The form can be found at <a href="http://www.massgaming.com/about/community-mitigation-fund/forms/">www.massgaming.com/about/community-mitigation-fund/forms/</a>	
Are you applying for a waiver?	
___ Yes	_X_ No

VII. Please provide a brief description of each attachment.
Attached is a vendor quote. Please note the dollar amount requested includes an additional 15% due a pricing increase.

VIII. Applicant Certification	
<p>On behalf of the aforementioned Applicant/municipality/governmental entity I hereby certify that the funds that are requested in this application will be used solely for the purposes articulated in this Application.</p>	
 _____	 _____
Signature of Responsible Municipal Official/Governmental Entity	Date:
 _____	
(print name)	
 _____	
Title:	



**LP1000 (7)**

Quote Number: 10639456

Remit to: **Stryker Medical**

Version: 1

P.O. Box 93308

Prepared For: SPRINGFIELD FIRE DEPT

Rep: Shane Donnelly

Attn:

Email: shane.donnelly1@stryker.com

Phone Number: (774) 502-9462

Quote Date: 01/20/2023

Expiration Date: 01/31/2023

**Delivery Address**

**End User - Shipping - Billing**

**Bill To Account**

Name: SPRINGFIELD FIRE DEPT

Name: SPRINGFIELD FIRE DEPT

Name: SPRINGFIELD FIRE DEPT

Account #: 1327980

Account #: 1327980

Account #: 1327980

Address: 605 WORTHINGTON ST

Address: 605 WORTHINGTON ST

Address: 605 WORTHINGTON ST

SPRINGFIELD

SPRINGFIELD

SPRINGFIELD

Massachusetts 01105

Massachusetts 01105

Massachusetts 01105

**Equipment Products:**

#	Product	Description	Qty	Sell Price	Total
1.0	99425-000023	LIFEPAK 1000 Graphical Display - includes one non-rechargeable battery, one carrying case w/ shoulder strap, two pair QUIK-COMBO REDI-PAK electrodes and Ship Kit	7	\$2,332.60	\$16,328.20
2.0	41425-000034	Ship Kit - Literature, LP1000, W RCHG, English	7	\$0.00	\$0.00
3.0	11101-000016	Infant/Child Reduced Energy Defibrillation Electrode Replacement	7	\$93.60	\$655.20
Equipment Total:					\$16,983.40

**Trade In Credit:**

Product	Description	Qty	Credit Ea.	Total Credit
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**Price Totals:**

Estimated Sales Tax (0.000%):	\$0.00
Freight/Shipping:	\$230.30
<b>Grand Total:</b>	<b>\$17,213.70</b>

**Comments:**

SAVVIK 30817



**LP1000 (7)**

Quote Number: 10639456

Version: 1

Prepared For: SPRINGFIELD FIRE DEPT

Attn:

Remit to:

**Stryker Medical**

P.O. Box 93308

Chicago, IL 60673-3308

Rep:

Shane Donnelly

Email:

shane.donnelly1@stryker.com

Phone Number:

(774) 502-9462

Quote Date: 01/20/2023

Expiration Date: 01/31/2023

Prices: In effect for 30 days

Terms: Net 30 Days

Contact your local Sales Representative for more information about our flexible payment options.

SENDING APPROVAL

**Capital Terms and Conditions:**

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule. Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency. A copy of Stryker Medical's Acute Care capital terms and conditions can be found at [https://techweb.stryker.com/Terms\\_Conditions/index.html](https://techweb.stryker.com/Terms_Conditions/index.html). A copy of Stryker Medical's Emergency Care capital terms and conditions can be found at <https://www.strykeremergencycare.com/terms>.

PENDING APPROVAL